INTRODUCTION TO SPECIAL ISSUE ON HIV AND LONG-TERM CARE

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The beginning of the new millenium defines an era in which a disease that was unheard of 25 years ago has now become a worldwide pandemic that will seriously affect humankind for the foreseeable future and beyond. Acquired immune deficiency syndrome (AIDS), first described in the US in 1981, has become a major cause of morbidity and mortality for young adults and children around the world. In developing countries, where over 90% of the more than 40 million people worldwide infected with human immunodeficiency virus (HIV) reside, the hope of treatment for this disease remains only a distant possibility. In industrialized countries, mortality rates have begun to drop significantly, and the very nature of the disease has been transformed radically in less than a decade by the advent of highly active antiretroviral therapy (HAART).

Yet, in some respects, the arrival of effective antiretroviral therapy has also brought with it new challenges for the care of people living longer with HIV. While some patients have been able to return to high levels of functioning and to resume normal, disease-free lives with the aid of long-term, HIV-suppressive therapy, others have experienced a more prolonged period of chronic disease and disability in which long-term HIV care has come to resemble that of patients with other chronic, incurable illnesses. In effect, this is a consequence of success: Those patients who are surviving longer are consequently in greater need for long-term care, and the models of service delivery to meet these needs must evolve in pace with the clinical evolution of the disease. In addition, new clinical issues either have emerged or have been intensified and increasingly will characterize the care of patients with HIV/AIDS, such as the convergence of AIDS and

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other serious comorbidities, including serious mental illness, substance abuse, chronic neurologic disease, and hepatitis C infection.

In this special issue of the *Journal of Urban Health*, we are fortunate to assemble a wide-ranging group of original articles that provide new knowledge and insight into the clinical, epidemiologic, and policy issues that have arisen in the context of the emerging chronic disease phase of the AIDS epidemic in developed countries. Many of these papers represent the culmination of work presented at the *Inaugural Conference on HIV and Long-Term Care*, held in New Haven, Connecticut, in October 1999. The conference was sponsored by Leeway, Incorporated, Connecticut's sole AIDS-dedicated skilled nursing facility, and Montefiore Medical Center/Albert Einstein College of Medicine and represents the first systematic attempt of which we are aware to address some of the emerging clinical and policy issues at the interface between HIV and long-term care in the HAART era.

Clinically, the balance between curative, or disease-specific, therapy and palliative, or symptom-oriented, therapy has continued to become more complex as HIV therapy itself evolves. The temptation of the "medical model" of treatment, which at once simplifies and also truncates the approach to any illness, has begun to be evidenced in HIV care at precisely the time when it is even more critical to incorporate a broad-based perspective on the long-term care of patients with multiple medical and psychosocial needs.

AIDS has always involved a challenging mixture of medical, behavioral, social, ethical, and political issues that have forced us to examine our systems of care and service at every juncture in the epidemic and to develop new collective responses to the unmet needs of our affected populations and communities. Far from simplifying the management and planning for people with AIDS, the new era of effective therapy instead has brought with it new complexities and new needs. As evidenced by some of the articles in this issue, these themes have converged to produce new clinical, ethical, and policy challenges that likely only will become more pronounced over time. Epidemiologically, (1) HIV incidence has not decreased, and (2) despite the new therapies, many patients eventually still die from HIV disease or its accompanying comorbidities; this implies that we will continue to be confronted over time with late-stage patients in need of chronic care, palliative interventions, and end-of-life care. We hope that the articles collected here both add to existing knowledge about HIV and long-term care and help stimulate further discussion about the evolving needs of HIV-affected populations in the chronic disease phase of this evolving epidemic.